

Notes: Monday 12/4/2006
Housing Workgroup

General Discussion Topics:

- I. Meeting focus on adding/dropping services from 1x/week to 24/7 within a recovery based model:
 - a. Section 97
 - i. Adding PNMI beds currently requires prior negotiation w/state program and fiscal officers
 - ii. Driven by medical necessity
 - b. Section 17
 - i. Services currently limited to 16hrs of support per day. Additional support requires either grant funds or inclusion into a higher level of care which currently may or may not necessitate a move.
 - ii. Driven by medical necessity
 - c. Brief discussion of other models of housing and services
 - i. Adult Foster Care and VT model funded via HCBS Waiver
 - ii. Housing First
 - d. Discussion of the need for a Housing/Service Coordinator position or MH Superintendent
 - i. Duties would consist of being on-call or on site for support as needed--someone to talk to.
 - ii. Not necessarily a clinically based/driven position or service
 - iii. Consider existing Service Coordinator models that exist in HUD 202 programs
- II. Discussion of necessity to specifically identify terms as we discuss housing and service types—need to create glossary or taxonomy to include:
 - a. Housing Options (not an inclusive list)
 - i. Transitional
 - ii. Permanent
 - iii. Group Home
 - iv. Boarding Home
 - v. Congregate Living
 - vi. Apartment
 - b. Current Service Options (not an inclusive list)
 - i. Section 97
 - ii. Section 17
 - iii. Grant/State Funds

Addendum: Discussion on future of Adult Mental Health housing & service types

- III. 1601 Residential Tx Facility—define based on intensity of services not physical plant configuration.
 - a. Include a category of specialized services such as: TBI, Criminal Justice, Co-Occurring, Co-morbidity, Trauma Informed, Aging...
 - b. Include another category for a generic service delivery environment—not specialized
 - i. Currently funded via PNMI
 - ii. Services linked 'fixed' with housing.
 - iii. Housing configuration may include: typically group or congregate living arrangements, however may include other options such as independent apartments
 - iv. Intensive level of credentialed staff, ie. Psychiatric nurse, co-occurring medical, psychiatry service available.
 - v. Highly supported capacity (up to 24/7) for comprehensive support and services both on and off site.
 - vi. Provision of food and medical necessity (current PNMI requirements).
- IV. 1602 Community Residential
 - i. Currently funded via PNMI
 - ii. Services not linked to facility
 - iii. Housing configuration may include: group living arrangements, congregate living, independent apartments
 - iv. Permanent housing options that are not necessarily dependent upon physical plant (can include independent apartment and/or congregate living)
 - v. Staffing focusing on linkages to services
 - vi. Fluctuating services that allow for services to ebb and flow from a few hours a week to include 24/7 staffing
- V. 1603 Supported Housing—define minimal staffing and supports
 - 1. All services come from community
 - 2. Independent apartment living
 - 3. Section 17 or other eligibility criteria for determining disability needs to be in place and defined

Next meeting: Monday 12/11/2006, 1:30—3:30, Marquardt Building Conf. Rm. 3B

Topics:
review of minutes
refine definitions